

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Divisional

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: Proteosome Influenza Vaccine

Attorney Docket Number:: 021989-000411US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 7

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: David
Middle Name:: S.
Family Name:: Burt
Name Suffix::
City of Residence:: Ormeaux (Quebec)
State or Province of Residence::
Country of Residence:: Canada
Street of Mailing Address:: 23 Lesage
City of Mailing Address:: Ormeaux (Quebec)
State or Province of mailing address::
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: H9A 1Z5

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: David
Middle Name:: H.
Family Name:: Jones
Name Suffix::
City of Residence:: Baie D'Urfe (Quebec)
State or Province of Residence::
Country of Residence:: Canada
Street of Mailing Address:: 20, Lakeview
City of Mailing Address:: Baie D'Urfe (Quebec)
State or Province of mailing address::

Country of mailing address:: Canada
Postal or Zip Code of mailing address:: H9X 3B1

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: George
Middle Name:: H.
Family Name:: Lowell
Name Suffix::
City of Residence:: Hampstead (Quebec)
State or Province of Residence::
Country of Residence:: Canada
Street of Mailing Address:: 185, Crescent
City of Mailing Address:: Hampstead (Quebec)
State or Province of mailing address::
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: H3X 2K4

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gregory
Middle Name:: L.
Family Name:: White
Name Suffix::
City of Residence:: Montreal (Quebec)
State or Province of Residence::
Country of Residence:: Canada
Street of Mailing Address:: 475, Coronet
City of Mailing Address:: Montreal (Quebec)

State or Province of mailing address::
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: H9W 2G1

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Kirkor
Middle Name::
Family Name:: Torossian
Name Suffix::
City of Residence:: Verdun (Quebec)
State or Province of Residence::
Country of Residence:: Canada
Street of Mailing Address:: 290, Elger #109
City of Mailing Address:: Verdun (Quebec)
State or Province of mailing address::
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: H3E1C9

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Louis
Middle Name:: F.
Family Name:: Fries
Name Suffix:: III
City of Residence:: Columbia
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 5432 Tilted Stone

City of Mailing Address:: Columbia
State or Province of mailing address:: MD
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 21045

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Martin
Middle Name::
Family Name:: Plante
Name Suffix::
City of Residence:: Montreal (Quebec)
State or Province of Residence::
Country of Residence:: Canada
Street of Mailing Address:: 6547, Coolbrook
City of Mailing Address:: Montreal (Quebec)
State or Province of mailing address::
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: H3X 2N4

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Designation::	Representative Number::	Representative Name::
Primary	29,684	Karen B. Dow

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	non-provisional	09/788,280	February 15, 2001
	provisional	60/182,476	February 15, 2000

Foreign Priority Information

Country::	Application number::	Filing Date::
-----------	----------------------	---------------

Assignee Information

Assignee Name::	ID Biomedical Corporation of Quebec
Street of mailing address::	7150 Frederick Banting, Suite 200
City of mailing address::	Ville St. Laurent
State or Province of mailing address::	Quebec
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	H4S 2A1